

CHILDCARE REIMBURSEMENT FORM

DATE STAMPED RECEIVED:

Month of _____, 2012 Semester: Fall Spring

Student (Parent) Name: _____ Student ID#: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Child Name: _____

Provider Name: _____ Provider Phone: _____

DIRECTIONS: This form must be completed everyday childcare is provided. Initial and write down the time you drop your child off and when you pick your child up. Circle AM or PM. Total the number of hours, childcare was provided each day. At the end of the month, add up all the hours and indicate the total number of hours, childcare was provided for the month. Reimbursement form must be filled out completely and accurately. Incomplete reimbursement form will be returned and considered late. **Three** late reimbursement forms will result in disqualification of Childcare Assistance.

DATE	CHILDCARE BEGINS		PARENT INTL'S	CHILDCARE ENDS		PARENT INTL'S	TOTAL HOURS	DATE	CHILDCARE BEGINS		PARENT INTL'S	CHILDCARE ENDS		PARENT INTL'S	TOTAL HOURS
1		AM PM			AM PM			17		AM PM			AM PM		
2		AM PM			AM PM			18		AM PM			AM PM		
3		AM PM			AM PM			19		AM PM			AM PM		
4		AM PM			AM PM			20		AM PM			AM PM		
5		AM PM			AM PM			21		AM PM			AM PM		
6		AM PM			AM PM			22		AM PM			AM PM		
7		AM PM			AM PM			23		AM PM			AM PM		
8		AM PM			AM PM			24		AM PM			AM PM		
9		AM PM			AM PM			25		AM PM			AM PM		
10		AM PM			AM PM			26		AM PM			AM PM		
11		AM PM			AM PM			27		AM PM			AM PM		
12		AM PM			AM PM			28		AM PM			AM PM		
13		AM PM			AM PM			29		AM PM			AM PM		
14		AM PM			AM PM			30		AM PM			AM PM		
15		AM PM			AM PM			31		AM PM			AM PM		
16		AM PM			AM PM			TOTAL NUMBER HOURS CHILDCARE WAS PROVIDED FOR THE MONTH							

Amount Paid to Provider: \$ _____ Date Paid _____

Provider Signature _____

I certify that the information above is true and correct and the above childcare is provided solely for the purposes of class attendance, study time on campus, counseling appointments, workshops and orientations. I certify that I have not previously requested payment or received payment from any source. I understand that I am responsible for paying the childcare provider. I also realize that any false statement may be cause for denial, reduction, withdrawal, and/or repayment of any monetary services I may receive from the CARE program.

Student (Parent) Signature _____

Date _____

Childcare Reimbursement forms are due in the EOPS/CARE office by the 5th of the following month after childcare is provided. Faxed copies will not be accepted. Reimbursement forms submitted after this date may result in non-reimbursement.

<p>For Staff Use Only: Current Units Enrolled: _____ Reim Amt\$: _____ Requisition #: _____ Processed Date: _____ Intls: _____</p>
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